



**TESTMARK Laboratories Ltd.**

Committed to Quality and Service

## CERTIFICATE OF ANALYSIS

Client: Mark Bocy  
Company: RDSB - MacLeod P.S.  
Address: 23 Walford Road  
Sudbury, Ontario, P3E 2H2  
Phone/Fax: (705) 690-0323 / (705) 671-2442  
Email: bocym@rainbowschools.ca;  
lavallm@rainbowschools.ca

Work Order Number: 276490  
PO #:   
Regulation: O.Reg. 243/07  
Project #:   
DWS #: 500045956  
Sampled By:

Date Order Received: 6/17/2016  
Arrival Temperature: 14 °C

Analysis Started: 6/23/2016  
Analysis Completed: 6/24/2016

### WORK ORDER SUMMARY

ANALYSES WERE PERFORMED ON THE FOLLOWING SAMPLES. THE RESULTS RELATE ONLY TO THE ITEMS TESTED.

Sample Description	Lab ID	Matrix	Type	Comments	Date Collected	Time Collected
100B (Standing)	727774	Treated Water	Plumbing		6/16/2016	7:00 AM
100B (Flushed)	727775	Treated Water	Plumbing		6/16/2016	7:35 AM

### METHODS AND INSTRUMENTATION

THE FOLLOWING METHODS WERE USED FOR YOUR SAMPLE(S):

Method	Lab	Description	Reference
ICPMS Water	Garson	Determination of Metals in Water by ICP/MS	Based on SW846-6020A

This report has been approved by:

Khaled Omari, Ph.D.  
Laboratory Director



## CERTIFICATE OF ANALYSIS

RDSB - MacLeod P.S.

Work Order Number: 276490

### WORK ORDER RESULTS

Sample Description	100B (Standing)		100B (Flushed)			
Lab ID	727774		727775			
Metals	Result	MDL	Result	MDL	Units	Criteria: O.Reg. 243/07
Lead	0.63	0.1	0.3	0.1	ug/L	10

### LEGEND

Dates: Dates are formatted as mm/dd/year throughout this report.

MDL: Method detection limit or minimum reporting limit.

Quality Control: All associated Quality Control data is available on request.

LCL: Lower Control Limit.

UCL: Upper Control Limit.

QAQCID: This is a unique reference to the quality control data set used to generate the reported value. Contact our lab for this information, as it is traceable through our LIMS.



**CERTIFICATE OF ANALYSIS**

RDSB - MacLeod P.S.

Work Order Number: 276490

**QUALITY CONTROL DATA**

THIS SECTION REPORTS QC RESULTS ASSOCIATED WITH THE TEST BATCH; THESE ARE NOT YOUR SAMPLE RESULTS

<b>Metals</b>							
<b>%RPD</b>							
Parameter	MDL	Units	LCL	Result	UCL	QAQCID	
Lead	N/A	%	0	N/A	20	20160623.R13-5o	
<b>Method Blank</b>							
Parameter	MDL	Units	LCL	Result	UCL	QAQCID	
Lead	1	ug/L	0	<1	1	20160623.R13-5o	
<b>Positive Control</b>							
Parameter	MDL	Units	LCL	Result	UCL	QAQCID	
Lead	N/A	%	80	96.3	120	20160623.R13-5o	
<b>Reference Sample</b>							
Parameter	MDL	Units	LCL	Result	UCL	QAQCID	
Lead	N/A	% Rec	80	98	120	20160623.R13-5o	
<b>Sample Spike</b>							
Parameter	MDL	Units	LCL	Result	UCL	QAQCID	
Lead	N/A	% Rec	70	94.4	130	20160623.R13-5o	

THIS INDEX SHOWS HOW YOUR SAMPLES ARE ASSOCIATED TO THE CONTROLS INCLUDED IN THE IDENTIFIED BATCHES.

Sample Description	Lab ID	Method	QAQCID	Prep QAQCID
100B (Flushed)	727775	ICPMS Water	20160623.R13-5o	20160623.R52P
100B (Standing)	727774	ICPMS Water	20160623.R13-5o	20160623.R52P

**DRINKING WATER CHAIN OF CUSTODY FORM**

Please use our General Chain of Custody Form for non-drinking water sample submissions

<b>REPORT TO:</b> Client: <u>RDSB - MacLeod P.S.</u> Address: <u>310 Anthony Street</u> <u>Sudbury, ON P3E 2H7</u> Contact: <u>Mike Lavallee</u> Email: <u>lavallm@rainbowschools.ca</u> Phone: <u>705-674-3174</u> Fax: _____				<b>INVOICE TO: (if different from Report)</b> Client: _____ Address: _____ Contact: _____ Email: _____ Phone: _____ Fax: _____				<b>PROJECT INFORMATION:</b> TM Quote #: _____ Client P.O. #: _____ Client Project #: _____							
<b>REPORTING/INVOICING FORMAT</b> <input type="checkbox"/> Fax <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail				<b>TURN AROUND TIME (TAT)*</b> <input type="checkbox"/> 1 Business Day <input type="checkbox"/> 2 Business Days <input type="checkbox"/> 3 Business Days <input checked="" type="checkbox"/> Standard				<b>ANALYSIS REQUESTED</b>				<b>LABORATORY USE ONLY</b>			
<b>QC DATA REPORTED</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				<b>SAMPLE DISPOSAL</b> <input type="checkbox"/> Hold <input checked="" type="checkbox"/> Dispose <input type="checkbox"/> Return				<b>Residual Chlorine</b> Free Total				WORK ORDER NUMBER: <h1 style="color: red; text-align: center;">276490</h1>			
<b>SAMPLING</b>				<b>SAMPLE DESCRIPTION</b>								CONTAINERS RECEIVED			
DATE (mm-dd-yy)		TIME		Type**		Water Trax # (if appl)						TEMP		Btl. Type	
				R T D P											
<u>06/16/16</u>		<u>7</u>				<u>100B</u> (Standing)		<u>14</u>		<u>ILP</u>		<u>727774</u>			
<u>06/16/16</u>		<u>7:35</u>				<u>↓</u> (Flushed)		<u>14</u>		<u>ILP</u>		<u>727775</u>			
**Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 318 / 319 / O.REG. 243)				<b>REGULATION</b>				Waterworks # <u>500045956</u> <input type="checkbox"/> O. REG. 170 <input type="checkbox"/> O. REG. 318/319 <input checked="" type="checkbox"/> O. REG. 243 <input type="checkbox"/> ODWS							
Adverse and Exceedance Notification Information: Name: <u>Mark Bocy</u> Cell: <u>705-690-0323</u> Phone: <u>705-671-3174 x 7231</u> Fax: <u>705-761-2442</u>				LSN Form Submitted to MOE/PHU? <input type="checkbox"/> Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No Are these water samples for human consumption? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Are the results reportable as per O. REG. 170/318/319? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				O. REG. 170/318/319 Only: Phone: <u>705-522-9200</u> Public Health Unit: <u>SDHU</u> Fax: <u>705-677-9607</u>							
COMMENTS/FIELD NOTES:				Relinquished to Testmark By (Signature) <u>[Signature]</u> Date _____ Time _____				Shipped By <u>Hani</u> Shipping Reference <u>22389</u>							
<b>ESTIMATED STANDING TIME:</b>				Received at Testmark By <u>[Signature]</u> Date <u>6/16/16</u> Time <u>1105</u>				Sampled By (Print and Sign) <u>ANDY WARREN</u> Date <u>2016-06-16</u> Time _____							
				Received By (Print and Sign) <u>Mark Bocy</u> Date <u>2016-06-16</u> Time _____											

CONFIRMATION REPORT SENT

\*\*\* Please contact Customer Service for assistance with customized CofC's for Schedule 15.1 testing.  
Please use separate CofC's for each Waterworks. Samples must be received below 10°C with evidence that an attempt was made to ensure adequate cooling.



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## **Confirmation of Sample Receipt**

Your samples have been received at Testmark's Sample Reception and have now been issued a unique Work Order number as well as unique Sample I.D. numbers.

Here are some details of your submission:

Client Name: RDSB - MacLeod P.S.  
Contact: Mark Bocy  
Project Number:  
Work Order #: 276490  
Date Received: 6/17/2016  
Method of Shipment: Hand  
Waybill Reference #: 22389  
Estimated Date of Completion\*: 6/24/2016  
Water Works #: 500045956

## **Sample Details**

Sample Number	Sample Date	Sample Description	Analysis	Regulation (if applicable)
727774	6/16/2016	100B (Standing)	ICPMS Water	O.Reg. 243/07
727774	6/16/2016	100B (Standing)	MetalsWater/Prep	O.Reg. 243/07
727775	6/16/2016	100B (Flushed)	ICPMS Water	O.Reg. 243/07
727775	6/16/2016	100B (Flushed)	MetalsWater/Prep	O.Reg. 243/07

Entry of your submission is based on information contained on your Chain of Custody. If you have any questions regarding this submission, kindly contact Testmark's Customer Service department by email using [customer.service@testmark.ca](mailto:customer.service@testmark.ca)

\* Please note this is an estimated date. Over 95% of our reports are completed within 5 business days. Please note however that non-routine and subcontracted analyses may significantly exceed normal turnaround times.

In these cases, a partial report may be issued.